

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522 632

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	2					
5	3					
6	1					
7	1					
8	6					
9	3					
10	8					
11	8					
12	1					
13	1					
14	1					
15	1					
16	2					
17	3					
18	3					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	8					
30	8					
31	1					
32						
33						
34						
35						
36						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	31	←	←	←		
TOTAL CLAIMS	33	█	█	█	█	█

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		█	█	█	█	█